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Ser 22c
7 Aug 01

To: ALL POTENTIAL OFFERORS

Reference Requirements Package CA-09-01, Radiologist, for Naval Hospital Charleston, SC. Please note the following: Attachment III, Pricing Sheet, has been replaced in its entirety. Several typos were found in the original Attachment III. Please use the Attachment III found with this amendment. In addition there are now two positions to be contracted under subject requirements package, instead of one position. There are no other changes. The closing date has not been extended. Your response must be submitted by 3:00 PM (Eastern time) on or before 22 Aug 01 to the following address:

Naval Medical Logistics Command
1681 Nelson Street, Code 02, Ms. Claudia Addison, CA-09-01
Fort Detrick, MD 21702-9203

Direct any questions regarding this Requirements Package to Ms. Claudia Addison, who may be reached at CKaddison@us.med.navy.mil, by facsimile at (301) 619-6793, or (301) 619-7467.

Sincerely,

CLAUDIA ADDISON
Contracting Officer

"A Total Quality Leadership Organization"

Pricing Sheet

PERIOD OF PERFORMANCE

Services are required from 5 November 2001 through 30 September 2002. Five option periods will be included which will extend services through 30 September 2006, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may consider inflating the price in each or any option period. The Government will neither award a contract that is too high nor too low. Your price should be enough to sustain you; however, it should not be out of line with prices of other radiologists in the Charleston, SC area. **Please note that if you are awarded this contract, you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any amount for taxes. Your proposed prices should contain the amount you will pay in taxes. In addition, before commencing work under this contract the health care worker shall obtain the following required levels of insurance at his or her own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage. The price that you propose for the base period will be added to the proposed price for all option periods for the purpose of price evaluations.

Multiply the "Unit Price" by the "Quantity", entering the total in the "Total Amount" column. Add all Total Amount line items and enter the total on the "Total Contract Line Item Number 0001" line.

Check all math to assure that your computations are accurate.

<u>Contract Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The health care worker agrees to perform, on behalf of the Government, the duties of one (1) Radiologist in support of the Naval Hospital Charleston, SC in accordance with this application and the resulting contract.				
0001AA	Base Period; 5 Nov 01 through 30 Sep 02	1888	Hrs	_____	_____
0001AB	Option Period I; 1 Oct 02 through 30 Sep 03	2088	Hrs	_____	_____
0001AC	Option Period II; 1 Oct 03 through 30 Sep 04	2096	Hrs	_____	_____
0001AD	Option Period III; 1 Oct 04 through 30 Sep 05	2088	Hrs	_____	_____
0001AE	Option Period IV; 1 Oct 05 through 30 Sep 06	2080	Hrs	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001					_____

Printed Name _____
Signature _____ Date _____